 Alberta Outbreak Report Form (AORF)

Protected B (when completed)

EMAIL completed form to: [cd.data@gov.ab.ca](mailto:cd.data@gov.ab.ca) or Fax to: 780-415-9609

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outbreak Type**  Choose one | **🡪** | | **Care Facility Type**  Choose one | | | | | | | | **OR** | | **Non-Care Facility Type**  Choose one | | | | | | | | | | | | | **Notification Type:**  Choose one | |
| **Section 1 – Initial Notification** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EI #:** Enter text | | | | | | **PHAC Event #:** Enter text | | | | | | | | | | | |  | | | | | | | | | |
| **Onset Date:** Choose date | | | | | | | | | | | | | | | **Date Investigation Opened:** Choose date | | | | | | | | | | | | |
| **FNIHB Location Reporting:** Choose one | | | | | | | | | | | | | | | **Date Reported to Alberta Health:** Choose date | | | | | | | | | | | | |
| **Primary Investigator:** Enter text | | | | | | | | | | | | | | **Telephone:** (   )   **-**     ext | | | | | | | | | | | | | |
| **Suspected Organism:** | | | | | **Enteric:** Choose Organism | | | | | | | | | | | | **Non-Enteric:** Choose Organism | | | | | | | | | | |
| **Outbreak Setting:**Choose setting Grade (if K-12 is the outbreak setting): Choose grade  Other, specify: Enter text | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Municipality** Enter text | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Location (Facility Name):** Enter text | | | | | | | | | | | **Unit:** Enter text | | | | | | | | | **Floor:** Enter text | | | | **Postal Code:** Enter text | | | |
| **Is this outbreak part of a larger national or international outbreak?**  No Yes 🡪 if Yes, specify: Enter text | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | **a) # of Clients/Residents** | | | | | | | | | | | **b) # of Staff** | | | | **c) Total (a+b):** | | | | |
| **Initial # of People ill:** | | | | | | | | Enter text | | | | | | | | | | | Enter text | | | | Enter text | | | | |
| **Section 2 – Laboratory Confirmed Organism Identification** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Primary Organism Identified:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Enteric:** Choose Organism | | | | | | | | | | **Non-Enteric:** Choose Organism | | | | | | | | | | | | **Respiratory (ILI):** Choose Organism | | | | | |
| **Other, specify:** Enter text | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If >1 organism:** Choose Organism | | | | | | | | | | **If >1 organism:** Choose Organism | | | | | | | | | | | | **If >1 organism:** Choose Organism | | | | | |
| **Other, specify:** Enter text | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 3 – Final Report** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Primary Species:** Enter text | | | | | | | | | | | | | | | | **Secondary Species:** Enter text | | | | | | | | | | | |
| **Onset Date of Last Case:** Choose date | | | | | | | | | | | | | **Date Investigation Closed:** Choose date | | | | | | | | | | | | | | |
| **Other AHS zones/FNIHB locations where cases have been identified:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calgary Zone  Central Zone  Edmonton Zone | | North Zone  South Zone | | | | | | | | FNIHB community in Calgary Zone  FNIHB community in Central Zone  FNIHB community in Edmonton Zone | | | | | | | | | | | | | FNIHB community in North Zone  FNIHB community in South Zone | | | | |
| **Is this outbreak part of a larger national or international outbreak?**  No  Yes 🡪 Specify: Enter text | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the source likely environmental?**  Choose one | | | | | | | **🡪** | | **If Yes, what is the environmental source?**  Choose one  Other, specify: Enter text | | | | | | | | | | | | | | **🡪** | | **Environmental source final resolution:**  Choose one | | |
|  | | | | | | | | | | | | **a) # of Clients/Residents** | | | | | | | | | **b) # of Staff** | | | | | | **c) Total (a+b)** |
| **Final # ill/cases** | | | | **Suspect** | | | | | | | | Enter text | | | | | | | | | Enter text | | | | | | Enter text |
| **Probable** | | | | | | | | Enter text | | | | | | | | | Enter text | | | | | | Enter text |
| **Confirmed** | | | | | | | | Enter text | | | | | | | | | Enter text | | | | | | Enter text |
| **TOTAL** | | | | | | | | Enter text | | | | | | | | | Enter text | | | | | | Enter text |
| **# Hospitalized** | | | | | | | | Enter text | | | | | | | | | Enter text | | | | | | Enter text |
| **# Deceased** | | | | | | | | Enter text | | | | | | | | | Enter text | | | | | | Enter text |
| **Total Population at Risk** | | | | | | | | | | | | Enter text | | | | | | | | | Enter text | | | | | | Enter text |
| **Secondary Organism Final # ill/cases** | | | | **Suspect** | | | | | | | | Enter text | | | | | | | | | Enter text | | | | | | Enter text |
| **Probable** | | | | | | | | Enter text | | | | | | | | | Enter text | | | | | | Enter text |
| **Confirmed** | | | | | | | | Enter text | | | | | | | | | Enter text | | | | | | Enter text |
| **Immunization type (where applicable)** | | | | | | | | | | | | Choose a vaccine | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | **a) # of Clients/Residents** | | | | | | | | | **b) # of Staff** | | | | | | **c) Total (a+b)** |
| Adequately Immunized PRIOR | | | | | | | | | | | | Enter text | | | | | | | | | Enter text | | | | | | Enter text |
| **Outbreak Summary/Comments:** Enter text | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date Final Report Submitted to Alberta Health:** Choose date | | | | | | | | | | | | | | | | | | | | | | | | | | | |